

## Crosswalk Management System

Report	REPORT CROSSWALK TO STATE
Filename	acrobat distiller
Run by	OPS\$PCUMMING
Report Date	03-FEB-05 03:02

# Crosswalk Report

Status : FN                      Substance Abuse and Mental Health Services Administration  
Media ID : MHAD                      Office of Applied Studie  
Start Date : 01-JAN-90  
End Date :  
Follow-up :

Wyoming's Treatment Episode Data Set  
Version : 1

K = Key Field		System	<u>Wyoming</u>	
Item		Item		
No.	Treatment Episode Data Set		Value	State System Data
1	System Transaction Type	-	System Transaction Type Added to Each Record	
K 2	State Code	WY	FIPS Code Added to Each Record	
3	Reporting Date	-	Month and Year of Submission Added to Each Record	

# Crosswalk Report

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Wyoming's Treatment Episode Data Set  
Version : 1

K = Key Field Item		Minimum		<u>Wyoming</u>
No.	Treatment Episode Data Set	Item	Value	State System Data
<b>K 1</b>	<b>Provider Identifier</b>	-	<b>Added to each record</b>	
<b>K 1</b>	<b>Provider Identifier</b>	<b>4</b>	<b>Agency Code</b>	
	No longer effective as of: 06-30-2003			
<b>K 2</b>	<b>Client Identifier (Admission)</b>	<b>4</b>	<b>Client Id</b>	
<b>K 2</b>	<b>Client Identifier (Admission)</b>	<b>5</b>	<b>Client ID</b>	
	No longer effective as of: 06-30-2003			
<b>K 3</b>	<b>Co-Dependent/Collateral</b>	-	<b>Treatment Modality</b>	
	2 No		- All Other Responses	
	1 Yes		4 Treatment Modality	
	No longer effective as of: 06-30-2003			
<b>K 3</b>	<b>Co-Dependent/Collateral</b>	-	<b>Not Collected</b>	
<b>K 4</b>	<b>Client Transaction Type</b>	<b>5</b>	<b>Date of Admission to this Clinic</b>	
<b>K 4</b>	<b>Client Transaction Type</b>	-	-	
	No longer effective as of: 06-30-2003			
<b>K 5</b>	<b>Date of Admission</b>	<b>6</b>	<b>Date of Admission to This Clinic</b>	

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Wyoming's Treatment Episode Data Set  
Version : 1

K = Key Field

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Wyoming

No.

Treatment Episode Data Set

Item

Value

State System Data

6	Number of Prior Treatment Episodes	20	Number of Prior Treatments.
0	0	00	00
1	1	01	01
2	2	02	02
3	3	03	03
4	4	04	04
5	Or More	05-99	05-99

6	Number of Prior Treatment Episodes	24	Number of Prior Treatments
0	0	00	00
1	1	01	01
2	2	02	02
3	3	03	03
4	4	04	04
5	Or More	05-99	05-99

No longer effective as of: 06-30-2003

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Version : 1

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**Minimum**

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No.	Treatment Episode Data Set	Item	Value	State System Data
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<b>7</b>	<b>Principal Source of Referral</b>	<b>7</b>	<b>Source of Referral.</b>
01	Individual (includes self-referral))	01	Self
01	Individual (includes self-referral))	02	Family and Friends
07	Court/Criminal Justice/DUI/DWI	03	Police
07	Court/Criminal Justice/DUI/DWI	04	Court or Correction Agency
03	Other Health Care Provider	05	Private Psychiatrist
03	Other Health Care Provider	06	Other Physician
03	Other Health Care Provider	07	Other Private Mental Health Practitioner
06	Other Community Referral	08	Clergy
03	Other Health Care Provider	09	State or County Mental Hospital
03	Other Health Care Provider	10	Other Inpatient Psychiatric Services
02	Alcohol/Drug Abuse Provider	11	Alcohol Abuse Treatment Facility
02	Alcohol/Drug Abuse Provider	12	Drug Abuse Treatment Facility
06	Other Community Referral	13	Shelter for the Homeless
03	Other Health Care Provider	14	Community Mental Health Center/Multiservice Mental Health Agency
97	Unknown	15	Other
04	School (Educational)	16	Schools
05	Employer/EAP	17	Employer

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Version : 1

K = Key Field

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Wyoming

Item	Item	Value	State System Data
No.	Treatment Episode Data Set		

7	Principal Source of Referral	8	Source of Referral
01	Individual (includes self-referral))	01	Self
01	Individual (includes self-referral))	02	Family/Friends
07	Court/Criminal Justice/DUI/DWI	03	Police
07	Court/Criminal Justice/DUI/DWI	04	Court or Correction Agency
03	Other Health Care Provider	05	Private Psychiatrist
03	Other Health Care Provider	06	Other Physician
03	Other Health Care Provider	07	Other Private Mental Health Practitioner
06	Other Community Referral	08	Clergy
03	Other Health Care Provider	09	State or County Mental Hospital
03	Other Health Care Provider	10	Other Inpatient Psychiatric Service
02	Alcohol/Drug Abuse Provider	11	Alcohol Abuse Treatment Facility
02	Alcohol/Drug Abuse Provider	12	Drug Abuse Treatment Facility
06	Other Community Referral	13	Shelter for the Homeless
03	Other Health Care Provider	14	Community Mental Health Center/Multiservice Mental Health Agency
97	Unknown	15	Other
04	School (Educational)	16	Schools
05	Employer/EAP	17	Employer
No longer effective as of: 06-30-2003			

8	Date of Birth	8	Date of Birth.
8	Date of Birth	14	Date of Birth
No longer effective as of: 06-30-2003			

9	Sex	14	Sex.
1	Male	1	Male
2	Female	2	Female

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No. Treatment Episode Data Set

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State System Data

9	Sex	15	Sex
1	Male	1	Male
2	Female	2	Female

No longer effective as of: 06-30-2003

10	Race	15	Race..
05	White	1	White
04	Black or African American	2	Black or African American
02	American Indian ( Other than Alaskan Native)	3	American Indian or Alaskan Native
03	Asian or Pacific Islander	4	Asian
23	Native Hawaiians or Other Pacific Islanders	6	Native Hawaiian or Pacific Islander

10	Race	7a	Race.
03	Asian or Pacific Islander	A	Asian
04	Black or African American	B	Black or African American
02	American Indian ( Other than Alaskan Native)	I	American Indian or Alaskan Native
23	Native Hawaiians or Other Pacific Islanders	P	Native Hawaiian or Pacific Islander
05	White	W	White

No longer effective as of: 06-30-2003

11	Ethnicity	16	Hispanic/Latino.
05	Not of Hispanic Origin	2	No
03	Cuban	3	Yes
01	Puerto Rican	4	Yes
02	Mexican	5	Yes
04	Other Specific Hispanic	6	Yes

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Value

State System Data

## 11 Ethnicity

7b

## Hispanic/Latino

05	Not of Hispanic Origin	N	no
01	Puerto Rican	Y	yes
02	Mexican	Y	yes
03	Cuban	Y	yes
04	Other Specific Hispanic	Y	yes

No longer effective as of: 06-30-2003

## 12 Education

13

## Highest Grade Completed

01-	Years of School(Highest Grade) (	01-24	01-24
25	General Equivalency Degree, use 12)		

## 13 Employment Status

17

## Employment Status.

03	Unemployed	01	Unemployed
02	Part Time	02	Part-Time
01	Full Time	03	Full-Time
04	Not in Labor Force	04	Homemaker
04	Not in Labor Force	05	Retired
04	Not in Labor Force	06	Disabled Unemployed
04	Not in Labor Force	07	Child
04	Not in Labor Force	08	Student
04	Not in Labor Force	09	Inamte of Institution



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Wyoming

No.	Treatment Episode Data Set	Item	Value	State System Data
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<b>13</b>	<b>Employment Status</b>	<b>18</b>	<b>Employment Status</b>
03	Unemployed	01	Unemployed
02	Part Time	02	Part-Time
01	Full Time	03	Full-Time
04	Not in Labor Force	04	Homemaker
04	Not in Labor Force	05	Retired
04	Not in Labor Force	06	Disabled unemployed
04	Not in Labor Force	07	Child
04	Not in Labor Force	08	Student
04	Not in Labor Force	09	Inmate of Institution
No longer effective as of: 06-30-2003			

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Item

Item

No. Treatment Episode Data Set

Value

State System Data

14	Substance Problem Codes ( Primary-14A,Secondary-14B, Tertiart-14C)	23	Drug Problems, Primary, Secondary, Tertiary.
01	None	00	None
05	Heroin	01	Heroin
06	Non-Prescription Methadone	02	Non-Rx Methadone
07	Other Opiates and Synthetics	03	Other Opiates and Synthetics
02	Alcohol	04	Alcohol
15	Barbiturates	05	Barbiturates
16	Other Sedatives or Hypnotics	06	Other Sedatives/Hypnotics
11	Other Amphetamines	07	Amphetamines
03	Cocaine, Crack	08	Cocaine
04	Marijuana, Hashish ( includesTHC and other Cannabis Sativa preparations)	09	Marijuana, Hashish
09	Other Hallucinogens	10	Hallucinogens
17	Inhalants	11	Inhalants
18	Over-the-Counter	12	Over-the-counter
14	Other Tranquilizers	13	Tranquilizers
08	PCP	14	PCP
20	Other	15	Other
10	Methamphetamine	16	Methamphetamine
12	Other Stimulants	17	Other Stimulants
13	Benzodiazepine	18	Benzodiazepines
13	Benzodiazepine	19	MOMA/Ectasy
13	Benzodiazepine	20	Rohypnol
13	Benzodiazepine	21	GHB/BBL
13	Benzodiazepine	22	Katmine
13	Benzodiazepine	23	Clonazepam

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K = Key Field

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Wyoming

Item

Item

No. Treatment Episode Data Set

Value

State System Data

14	Substance Problem Codes ( Primary-14A,Secondary-14B, Tertiar-14C)	29	Drug Problems, Primary, Secondary, Tertiary
01	None	00	None
05	Heroin	01	Heroin
06	Non-Prescription Methadone	02	Non Rx Methadone
07	Other Opiates and Synthetics	03	Other Opiates and Synthetics
02	Alcohol	04	Alcohol
15	Barbiturates	05	Barbiturates
16	Other Sedatives or Hypnotics	06	Other Sedatives/Hypnotics
11	Other Amphetamines	07	Amphetamines
03	Cocaine, Crack	08	Cocaine
04	Marijuana, Hashish ( includesTHC and other Cannabis Sativa preparations)	09	Marijuana, Hashish
09	Other Hallucinogens	10	Hallucinogens
17	Inhalants	11	Inhalants
18	Over-the-Counter	12	Over-the-Counter
14	Other Tranquilizers	13	Tranquilizers
08	PCP	14	PCP
20	Other	15	Other
10	Methamphetamine	16	Methamphetamine
12	Other Stimulants	17	Other Stimulants
13	Benzodiazepine	18	Benzodiazepines

No longer effective as of: 06-30-2003

15	Usual Route of Administration ( Primary-15A, Secondary-15B, Tertiar-15C)	31	Route of Administration
98	Not Collected	0	None
01	Oral	1	Oral
02	Smoking	2	Smoking
03	Inhalation	3	Inhalation
04	Injection (IV or intramuscular)	4	Intramuscular
04	Injection (IV or intramuscular)	5	Intravenous

Wyoming's Treatment Episode Data Set  
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K = Key Field

Minimum

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Item

Item

No. Treatment Episode Data Set

Value

State System Data

16	Frequency of Use ( Primary-16A, Secondary-16B, Tertiary-16C)	28	Frequency of Use.
01	No past month use	0	No Use During Month Prior to Admission
02	1-3 times in past month	1	Less than Once Per Week
03	1-2 times per week	2	Once Per Week
04	3-6 times per week	3	Several Times Per Week
05	Daily	4	Once Daily
05	Daily	5	Two or Three Times Daily
05	Daily	6	More Than Three Times Daily

16	Frequency of Use ( Primary-16A, Secondary-16B, Tertiary-16C)	30	Frequency of Use
01	No past month use	0	No Use During Month Prior to Admission
02	1-3 times in past month	1	Less than Once Per Week
03	1-2 times per week	2	Once Per Week
04	3-6 times per week	3	Several Times Per Week
05	Daily	4	Once Daily
05	Daily	5	Two or Three Times Daily
05	Daily	6	More Than Three Times Daily

No longer effective as of: 06-30-2003

17	Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C)	21	Age at First Use.
00	Indicates a Newborn with a substance dependency problem	00-96	00-96
98	Not Collected	97	-

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K = Key Field

Minimum

Wyoming

Item  
No. Treatment Episode Data Set Item Value State System Data

**17 Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C)** **25 Age at First Use**

00- Indicates The Age at First Use 00-96 00-96  
95

98 Not Collected 97 -

No longer effective as of: 06-30-2003

**K 18 Type of Services** **11 Primary Service At Admission**

01 Hospital Inpatient ( Detox, 24  
hour Service)

- -

07 Non-Intensive Outpatient

01 Outpatient

03 Hospital (other than detox)

02 Inpatient

02 Free-standing Residential ( Detox,  
24 hour Service)

08 Residential Detox

06 Intensive Outpatient

11 Intensive outpatient

07 Non-Intensive Outpatient

13 Opiod Maintence therapy

04 Short-term, ( 30 days or fewer)

15 Primary Residential Clinically Managed  
med Intensity inpatient

05 Long-term, ( more than 30 days)

16 Transitional Residential Clinically  
managed High Intensity Inpatient

**K 18 Type of Services** **9 Primary Service Category at Admission**

01 Hospital Inpatient ( Detox, 24  
hour Service)

- -

07 Non-Intensive Outpatient

01 Outpatient

03 Hospital (other than detox)

02 Inpatient

06 Intensive Outpatient

06 Group

02 Free-standing Residential ( Detox,  
24 hour Service)

08 Residential Detox

08 Ambulatory Detoxification

09 Outpatient Detox

06 Intensive Outpatient

11 Intensive Outpatient

07 Non-Intensive Outpatient

13 Methadone Services

04 Short-term, ( 30 days or fewer)

15 Primary Residential

05 Long-term, ( more than 30 days)

16 Transitional Residential

No longer effective as of: 06-30-2003

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K = Key Field		Minimum		<u>Wyoming</u>	
Item		Item			
No.	Treatment Episode Data Set		Value	State System Data	
19	Opioid Replacement Therapy (Planned or Actual)WasUse of Methadone Planned/Actual	9	Primary Service Category at Admission		
2	No		-	-	
1	Yes		13	Methadone Services	
No longer effective as of: 06-30-2003					

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K = Key Field Item		Optional	<u>Wyoming</u>	
No.	Treatment Episode Data Set	Item	Value	State System Data
1	Detail Drug Code, Primary	-	Not Collected	
2	Detail Drug Code, Secondary	-	Not Collected	
3	Detail Drug Code, Tertiary	-	Not Collected	
4	DSM Diagnosis  ####. DSM III-R Category ##	20-21, 22	Diagnosis (AXIS I, AXIS II), Main Focus of Treatment  ####.# ###.## #	
5	Psychiatric Problem in Addition to Alcohol or Drug Problem	-	Presenting Problem at Admission Thought/Mood Disorder	
5	Psychiatric Problem in Addition to Alcohol or Drug Problem No longer effective as of: 06-30-2003	-	Not Collected	
6	Pregnant at Time of Admission	-	Not Collected	
7	Veteran Status 1 Yes 2 No	12	Veteran Status 1 Yes 2 No	
8	Living Arrangements	-	Residence at Admission	
8	Living Arrangements No longer effective as of: 06-30-2003	-	Not Collected	

Wyoming's Treatment Episode Data Set  
Version : 1

K = Key Field

Optional

Wyoming

Item No.	Treatment Episode Data Set	Item	Value	State System Data
<b>9</b>	<b>Source of Income/Support</b>	-	<b>Not Collected</b>	
<b>10</b>	<b>Health Insurance</b>	-	<b>Not Collected</b>	
<b>11</b>	<b>Expected/Actual Primary Source of Payment</b>	-	<b>Not Collected</b>	
<b>12</b>	<b>Detailed Not in Labor Force</b>	<b>17</b>	<b>Employment Status.</b>	
01	Homemaker	04	Homemaker	
03	Retired	05	Retired	
04	Disabled	06	Disabled Unemployed	
06	Other	07	Child	
02	Student	08	Student	
05	Inmate of Institution ( Prison or Institution - keeps people out of work force)	09	Inamte of Institution	
98	Not Collected	98	All Others	
<b>12</b>	<b>Detailed Not in Labor Force</b>	<b>18</b>	<b>Employment Status</b>	
01	Homemaker	04	Homemaker	
03	Retired	05	Retired	
04	Disabled	06	Disabled Unemployed	
06	Other	07	Child	
02	Student	08	Student	
05	Inmate of Institution ( Prison or Institution - keeps people out of work force)	09	Inmate of Institution	
98	Not Collected	98	All Others	
No longer effective as of: 06-30-2003				
<b>13</b>	<b>Detailed Criminal Justice Referral Categories</b>	-	<b>Not Collected</b>	



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Wyoming's Treatment Episode Data Set  
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**Optional**

Wyoming

No.	Treatment Episode Data Set	Item	Value	State System Data
<b>14</b>	<b>Marital Status</b>	<b>11</b>	<b>Marital Status</b>	
02	Now Married or Cohabiting	02	Now Married/Living as Married	
01	Never Married	1	Never Married	
03	Separated (legally or otherwise absent)	3	Separated	
04	Divorced	4	Divorced	
05	Widowed	5	Widowed	
01	Never Married	6	Minor Child	
<b>15</b>	<b>Days Waiting to Enter Treatment</b>	<b>6</b>	<b>Waiting Time.</b>	
997	Unknown	97	97	
<b>15</b>	<b>Days Waiting to Enter Treatment</b>	<b>7</b>	<b>Waiting Time</b>	
997	Unknown	97	97	
No longer effective as of: 06-30-2003				

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Wyoming's Treatment Episode Data Set  
Version : 1

K = Key Field Item		Discharge		<u>Wyoming</u>
No.	Treatment Episode Data Set	Item	Value	State System Data
104	Provider ID (At Discharge)	19	Wy+SubAgCode Field	
105	Client Identifier - (At Discharge)	4	Client Id	
106	Co-Dependent/Collateral At Discharge	1	Client Status Field	
No longer effective as of: 06-30-2003				
106	Co-Dependent/Collateral At Discharge	-	Not Collected	
109	Service at Discharge	34	PrimServCategory	
	07 Outpatient		01 Individual	
	07 Outpatient		02 Group	
	06 Intensive Outpatient		03 Intensive OutPatient	
	08 Detoxification		04 Methadone Maintenance	
	04 Short-Term, <=30 days		05 Residential	
	05 Long-Term, >30 days		06 Transitional	
146	Date of Last Contact	69	DateDiscon Field	
147	Date of Discharge	69	DateDiscon Field	

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**Discharge**  
Item

Wyoming

No. Treatment Episode Data Set Value State System Data

149	Reason for Discharge , Transfer or Discontinuance of Treatment	70	DiscontinueStatusField
01	Treatment Complete	1	Discharged: Treatment Completed
02	Left Against Professional Advice (Drop Out)	2	Patient/Client Terminated Treatment Against Advice
03	Terminated by Facility	3	Discharged: Additional Services Advised: No Referral
04	Transferred to Another Substance Abuse Treatment Program or Facility	4	Discharged: Referral Made
07	Other	5	Evaluation Only
06	Death	6	Patient/Client Died
07	Other	7	Moved

Crosswalk Management System

REPORT CROSSWALK TO STATE

End of Report